

SURVEY QUESTIONNAIRES FOR UNINSURED COMMUNITY MEMBERS

Participant code:.....
Group:.....
Date:.....
Address: Village/ward.....; Commune.....

(This box to be filled by the researcher)

At first, thank you for participating in our study “Community Preference for a Social Health Insurance Benefits Package”. In order to facilitate the community members to contribute their opinions on SHI policy formulation and implementation towards better quality of SHI, please kindly answer the following questions.

No	Questions	Code	Answers
1	Sex	[0] [1]	<input type="checkbox"/> Female <input type="checkbox"/> Male
2	Age	/___/	_____ old
3	Ethnic group	[0] [1]	<input type="checkbox"/> Kinh <input type="checkbox"/> Others, please specify _____
4	Marital status <i>(Only one answer is possible)</i>	[1] [2] [3] [4] [5] [6]	<input type="checkbox"/> Single <input type="checkbox"/> Separate <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Couple without a marriage certificate
6	Education level <i>(Only one answer is possible)</i>	[0] [1] [2] [3] [4] [5] [6] [7]	<input type="checkbox"/> Illiterate <input type="checkbox"/> Literate without going to school <input type="checkbox"/> Primary education <input type="checkbox"/> Lower secondary education <input type="checkbox"/> Upper secondary education <input type="checkbox"/> Vocational training <input type="checkbox"/> College and university <input type="checkbox"/> Postgraduate
7	Primary occupation	[1] [2]	<input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry

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No	Questions	Code	Answers
		[3] [4] [5] [6] [7] [8] [9] [10]	<input type="checkbox"/> Fishery <input type="checkbox"/> Self-employed (<i>no fixed job</i>) <input type="checkbox"/> Traders (<i>small-scale trade</i>) <input type="checkbox"/> Manufacture and large-scale trade (<i>companies or shops</i>) <input type="checkbox"/> Students <input type="checkbox"/> Handicraft <input type="checkbox"/> Unemployed <input type="checkbox"/> Others, please specify _____
8	Are you the household head?	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes
9	What is your household monthly income on average during the last year? (<i>summing all source of income and only one answer is possible</i>)	[1] [2] [3] [4] [5] [6] [7]	<input type="checkbox"/> Less than 1,000,000 VND <input type="checkbox"/> 1,000,000 to less than 3,000,000 VND <input type="checkbox"/> 3,000,000 to less than 5,000,000 VND <input type="checkbox"/> 5,000,000 to less than 7,000,000 VND <input type="checkbox"/> 7,000,000 to less than 9,000,000 VND <input type="checkbox"/> 9,000,000 to less than 11,000,000 VND <input type="checkbox"/> above 11,000,000 VND
10	How many members are there in your household? (<i>a household includes persons living in the same house, sharing meals and a budget</i>)	/____/	_____persons
11	Are there children under five in your household?	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many children? _____
12	Are there any members over 60 years old in your household?	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many persons? _____
13	Are there any members in your household having a chronic disease? (<i>prolonged, difficult to treat, and</i>	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the disease? _____

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No	Questions	Code	Answers
	<i>possibly controlled)</i>		
14	Are there any members in your household having an illness during the last year?	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes
15	If there were, did you/they seek medical care? <i>(If your answer to question 14 is “No”, then do not answer this question)</i>	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many times: _____
16	What was the health care expense of your household last year? <i>(Only one answer is possible)</i>	[1] [2] [3] [4] [5] [6] [7] [8]	<input type="checkbox"/> less than 1,000,000 VND <input type="checkbox"/> 1,000,000 to less than 5,000,000 VND <input type="checkbox"/> 5,000,000 to less than 10,000,000 VND <input type="checkbox"/> 10,000,000 to less than 15,000,000 VND <input type="checkbox"/> 15,000,000 to less than 20,000,000 VND <input type="checkbox"/> 20,000,000 to less than 30,000,000 VND <input type="checkbox"/> 30,000,000 to less than 40,000,000 VND <input type="checkbox"/> above 40,000,000 VND
17	Did your household have to borrow to pay for medical expenses last year?	[0] [1]	<input type="checkbox"/> No <input type="checkbox"/> Yes
18	If your household had to borrow to cover medical expenses, what was the amount? <i>(Only one answer is possible)</i>	[1] [2] [3] [4] [5] [6] [7] [8]	<input type="checkbox"/> less than 1,000,000 VND <input type="checkbox"/> 1,000,000 to less than 5,000,000 VND <input type="checkbox"/> 5,000,000 to less than 10,000,000 VND <input type="checkbox"/> 10,000,000 to less than 15,000,000 VND <input type="checkbox"/> 15,000,000 to less than 20,000,000 VND <input type="checkbox"/> 20,000,000 to less than 30,000,000 VND <input type="checkbox"/> 30,000,000 to less than 40,000,000 VND <input type="checkbox"/> above 40,000,000 VND
19	What is the distance in kilometre from your house to the nearest health facility? <i>(Only one answer is possible)</i>	[1] [2] [3]	<input type="checkbox"/> less than 5km <input type="checkbox"/> for 5km to less than 10km <input type="checkbox"/> from 10km to less than 20km

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No	Questions	Code	Answers
		[4]	<input type="checkbox"/> from 20km to less than 30 km
		[5]	<input type="checkbox"/> above 30km
20	What is the type of the health facility nearest to your house? <i>(Only one answer is possible)</i>	[1]	<input type="checkbox"/> Health station
		[2]	<input type="checkbox"/> Regional polyclinic
		[3]	<input type="checkbox"/> District hospital
		[4]	<input type="checkbox"/> Provincial hospital
		[5]	<input type="checkbox"/> National hospital
		[6]	<input type="checkbox"/> Private health facilities
		[7]	<input type="checkbox"/> Traditional practitioners
		[8]	<input type="checkbox"/> Family doctor
		[9]	<input type="checkbox"/> Others, please specify _____
21	Are there any members in your household having insurance? <i>(Any types of insurance)</i>	[0]	<input type="checkbox"/> No
		[1]	<input type="checkbox"/> Yes
22	If there are members having insurance in your household, what are the types of insurance listed below? <i>(Multiple answers are possible)</i>	[1]	<input type="checkbox"/> Compulsory social health insurance
		[2]	<input type="checkbox"/> Voluntary social health insurance
		[3]	<input type="checkbox"/> Voluntary social insurance
		[4]	<input type="checkbox"/> Unemployment insurance
		[5]	<input type="checkbox"/> Private health insurance
		[6]	<input type="checkbox"/> Personal accident insurance
		[7]	<input type="checkbox"/> Life insurance
		[8]	<input type="checkbox"/> Others, please specify _____

Thank you for completing the questionnaires